

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>05/09/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILNER COMMUNITY HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>370 E MAIN ST ROSSVILLE, IN 46065</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	INITIAL COMMENTS  This state Residential finding is cited in accordance with 410 IAC16.2.	R 000			
R 241	410 IAC 16.2-5-4(e)(1) Health Services - Offense  (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.  This RULE is not met as evidenced by: Based on record review and interview the residential facility failed to follow physician orders for medication administration, for 1 of 7 residents reviewed for medication administration in a sample of 7. ( Resident # 90)  Findings include:  The record for Resident # 90, was reviewed on 5/9/13 at 2:00 p.m.  Current diagnosis for Resident # 90 included, but were not limited to, hypertension, chronic kidney disease, congestive heart failure, and diabetes mellitus.  A medication administration record, dated for the month of March 2013, indicated the following:  Carvedilol 25 milligrams (MG) 1 tablet oral twice daily for essential hypertension, scheduled for 8:00 a.m. and 8:00 p.m.  Carvedilol 12.5 MG 1 tablet oral as needed (PRN) twice daily for systolic blood pressure (SBP)	R 241			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

85V511

If continuation sheet 1 of 2

Indiana State Department of Health

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R 241	<p>Continued From page 1</p> <p>greater than 140 and pulse greater than 70 at 8:00 a.m. and 8: 00 p.m.</p> <p>The record indicated on 3/9/13 at 8:00 a.m., Resident # 90 did not receive Carvedilol 12.5 mg as ordered by the physician. The resident's blood pressure (BP) reading at that time was 168/96 and pulse reading of 82. Resident #90 was not given PRN Carvedilol 12.5 mg tablet as ordered by physician.</p> <p>The record indicated on 3/23/13 at 8:00 a.m., Resident #90 did not receive Carvedilol 12.5 mg, as ordered by physician. The resident's blood pressure (BP) reading at the time was 180/101 and pulse reading of 80. Resident #90 was not given PRN Carvedilol 12.5 mg tablet as ordered by physician.</p> <p>During interview, on 5/9/13 at 2:45 p.m., with the DON and Administrator, it was confirmed that the medication Carvedilol 12.5 MG tablet was not given as ordered by the physician for resident # 90 on 3/9/2013 and 3/23/13.</p>	R 241			